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## HEALTH OF THE ELDERLY IN NORTH CAROLINA: POPULATION AT RISK AND PATTERNS AND TRENDS IN MORTALITY

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### ABSTRACT

As elsewhere in the nation, North Carolina is experiencing major changes in its age structure as life expectancies have increased, birth rates decreased, and population migration occurred. Between 1980 and the year 2010, the number of North Carolina residents 65 and older is expected to double while the number 85 and older is expected to nearly quadruple. As a result, the state's elderly dependency ratio is projected to increase about 42 percent—more than twice the rate of increase projected for the nation. Thus, detailed analysis and planning by the state's public and private sector leaders are immediately required.

This report examines cause-specific mortality rates for three elderly age groups by race and sex. The death rates are specific for underlying causes of death as well as leading "mentioned conditions," i.e., any condition reported on the death certificate. As for the total population, heart disease, cancer, and stroke are the leading causes of death among the elderly. These are followed by pneumonia/influenza, chronic obstructive pulmonary disease, and injury/poisoning, in declining order. Particularly large mortality excesses are observed among males, especially nonwhite males. As expected, large increases in risk at more advanced ages are observed for cardiovascular and some other diseases and for mental disorders, falls, and specific types of injuries resulting from the external causes of death. Hip fractures are especially frequent. In contrast, risk of death from lung cancer, alcohol-related conditions, and suicide declines with advancing age. However, suicide rates are high in all three elderly age groups. White males are found to contribute disproportionately to these high rates.

Between 1968-72 and 1983-87, the mortality rates for older persons dying from cardiovascular diseases and many other leading killers declined dramatically. However, it is suggested that reductions in the force of mortality may cause disease prevalence to increase. Major exceptions to recent improvements at the older ages involve increased death rates for cancer, chronic liver disease and cirrhosis, and suicide.

This report also examines the cause-specific numbers and percentages of older persons dying in noninstitutional settings and in nursing and rest homes, for the use of those involved in planning for home care and hospice services.

The findings of this report point up the need to reduce mortality among males, particularly nonwhite males. The data on injuries by external cause and by type of injury likewise mandate immediate planning for public health initiatives which focus on the causes of injuries among the elderly, particularly falls among the extreme elderly. Finally, it is noted that data related to elder use of hospital outpatient and nonhospital health services and to quality of life among the elderly are woefully lacking. These databases must be developed if we are to make health policy that meets the changing needs of our older citizens.